

B1 (Official Form 1) (4/10)

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA COLUMBIA DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Garner, Danny NMN			Name of Joint Debtor (Spouse) (Last, First, Middle): Garner, Louise NMN		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-7491			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-9092		
Street Address of Debtor (No. and Street, City, and State): 500 Antioch Place Columbia, SC			Street Address of Joint Debtor (No. and Street, City, and State): 500 Antioch Place Columbia, SC		
ZIP CODE 29209			ZIP CODE 29209		
County of Residence or of the Principal Place of Business: Richland			County of Residence or of the Principal Place of Business: Richland		
Mailing Address of Debtor (if different from street address): 500 Antioch Place Columbia, SC			Mailing Address of Joint Debtor (if different from street address): 500 Antioch Place Columbia, SC		
ZIP CODE 29209			ZIP CODE 29209		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): Danny NMN Garner Louise NMN Garner	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: South Carolina	Case Number: 04-04178	Date Filed: 4/8/2004	
Location Where Filed: South Carolina	Case Number: 92-72218	Date Filed: 4/10/1992	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align: center;">X <u>/s/ Michael J. Cox</u> 08/12/2010 Michael J. Cox Date</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Danny NMN Garner**
Louise NMN Garner**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Danny NMN Garner
Danny NMN Garner**X** /s/ Louise NMN Garner
Louise NMN Garner

Telephone Number (If not represented by attorney)

08/12/2010

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____
(Signature of Foreign Representative)_____
(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Michael J. Cox
Michael J. Cox Bar No. **0339****Michael J. Cox Atty at Law, LLC**
6160 St. Andrews Road
Suite 1
Columbia, SC 29212Phone No. **(803) 254-6041** Fax No. **(803) 256-8121**08/12/2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**In re: **Danny NMN Garner
Louise NMN Garner**Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Danny NMN Garner
Danny NMN Garner

Date: 08/12/2010

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**In re: **Danny NMN Garner
Louise NMN Garner**Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Louise NMN Garner
Louise NMN Garner

Date: 08/12/2010

Certificate Number: 00134-SC-CC-011666577



00134-SC-CC-011666577

CERTIFICATE OF COUNSELING

I CERTIFY that on July 16, 2010, at 8:31 o'clock AM PDT, Danny Garner, Sr. received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of South Carolina, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 16, 2010 By: /s/Elizabeth Venegas

Name: Elizabeth Venegas

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00134-SC-CC-011666935



00134-SC-CC-011666935

CERTIFICATE OF COUNSELING

I CERTIFY that on July 16, 2010, at 8:53 o'clock AM PDT, Louise Garner received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of South Carolina, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 16, 2010 By: /s/Julie Yoho

Name: Julie Yoho

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **Danny NMN Garner**
Louise NMN Garner

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$3,000.00</u>
Prior to the filing of this statement I have received:	<u>\$1,126.00</u>
Balance Due:	<u>\$1,874.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]

The filing fee has been paid.

\$40.00 has been paid for credit report.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: Danny NMN Garner
Louise NMN Garner

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Any representation of the debtor(s) after the First Meeting of Creditors, except the attendance at the Confirmation Hearing.

The debtor(s) have executed a detailed fee agreement with the Attorney for the debtor(s) and have received a copy of the same.

*The following additional charges are set forth in that document.

Add Creditors (after sign-off and before bar date) ☐ \$120/first 3 \$25 after first 3

Attend hearing on above named motion to reconsider \$200

Consent Order approving modification of mortgage \$350

Continuation of First Meeting of Creditors \$150

Conversion to Chapter 13 \$2500

Conversion to Chapter 7 \$650

Defense of Motion for Relief from Auto Stay (No Hearing) \$400

Defense of Motion for Relief from Auto Stay (W/Hearing) \$500

Defense of Motion to Dismiss by Creditor after Confirmation \$250

Defense of Trustee's Petition to Dismiss \$200

Drafting Reaffirmation Agreement \$300

Filing Claim for Creditor \$200

Mailing Costs to Serve Creditors (Cost Per Creditor) \$1

Moratorium (Temporary Suspension of Bankruptcy Payments) \$250

Motion to Abandon Property \$150

Motion to Incur Debt for Personal Property \$350

Motion to Incur Debt for Real Property (Complex) Hourly Rate Applies

Motion to Incur Debt for Real Property W/O Lien Avoidance \$500

Motion to Reconsider Dismissal for Non-Payment \$400

Motion to Reinstate Stay \$350

Motion to Reinstate the Case \$550

Motion to Sell Personal Property \$350

Motion to Sell Real Property \$500

Motion to Substitute Collateral \$350

Objection to Creditor Claim \$300

Plan Modification after Confirmation \$400

Prepare Correspondence and Mail \$50

Resolution of Petition to Dismiss Prior to Hearing \$150

Resumption of Payment Order \$350

Michael J. Cox Hourly Rate \$350

Associate Attorney Hourly Rate \$250

Paralegal Hourly Rate \$100

*The fees actually charged will be the ATTORNEY rates at the time that the services are rendered and the fixed fees assume that the matter involved is routine.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **Danny NMN Garner**
Louise NMN Garner

CASE NO

CHAPTER **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/12/2010

Date

/s/ Michael J. Cox

Michael J. Cox

Michael J. Cox Atty at Law, LLC

6160 St. Andrews Road

Suite 1

Columbia, SC 29212

Phone: (803) 254-6041 / Fax: (803) 256-8121

Bar No. 0339

/s/ Danny NMN Garner

Danny NMN Garner

/s/ Louise NMN Garner

Louise NMN Garner

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION**

In re **Danny NMN Garner**
Louise NMN Garner

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	2	\$130,000.00			
B - Personal Property	Yes	12	\$45,983.68			
C - Property Claimed as Exempt	Yes	4				
D - Creditors Holding Secured Claims	Yes	1				\$111,831.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$1,874.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6				\$24,725.10
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	8				
J - Current Expenditures of Individual Debtor(s)	Yes	2				
TOTAL		39	\$175,983.68	\$138,430.10		

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re **Danny NMN Garner**
Louise NMN Garner

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	\$2,778.96
Average Expenses (from Schedule J, Line 18)	\$2,500.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$4,228.85

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,874.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$24,725.10
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$24,725.10

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES**
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 08/12/2010Signature /s/ Danny NMN Garner
Danny NMN GarnerDate 08/12/2010Signature /s/ Louise NMN Garner
Louise NMN Garner

[If joint case, both spouses must sign.]

In re **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Debtor's House 500 Antioch Place, Columbia, SC 29209 TMS: R19006-02-18 Tax Assessment: \$107,400 Zillow: \$101,000 Debtor's Opinion: \$130,000 Purchased 9/25/2009 for \$103,785	Fee Simple	J	\$130,000.00	\$103,137.00
Total:			\$130,000.00	

(Report also on Summary of Schedules)

**IF YOU WISH TO APPEAL THE
ASSESSMENT ON YOUR PROPERTY**

If you disagree with the assessor's appraisal of your property and wish to appeal, state law provides the following procedure in Section 12-60-2520 of the 1976 Code of Laws, as amended.

1. Within ninety (90) days after dated notice of reassessment, the property owner or his agent must file a written objection with the assessor.
2. The assessor will conduct a field review and notify the property owner of the results of review.
3. Within thirty (30) days of further objection, a conference will be scheduled. The assessor, in turn, will request that you provide, within thirty (30) days, additional data to help determine the value of your property.
4. After the field review has been completed, the Assessor will notify you in writing of his finding. If you still disagree with the assessment, you have thirty (30) days to file written notice of your request to appeal your assessment to the Richland County Board of Assessment Appeals, a member panel of Richland County citizens who shall serve as the final local authority in such appeals.
5. State law requires that you must pay 80% of tax generated on the proposed assessment if it appears that the appeal will not be settled by December 31 of the tax year in question. A taxpayer may pay more than 80% if it is agreed to in writing by the taxpayer.

**THIS IS A NOTICE OF CLASSIFICATION, APPRAISAL
AND ASSESSMENT OF REAL ESTATE**

Section 12-60-2510 of the 1976 Code of Laws as amended provides for the classification and uniform assessment ratios of property. The property described herein has been appraised and assessed at the appropriate assessment ratio by the assessor.

**THIS IS NOT A
TAX BILL**

*SECTION 12-37-3140(B) OF THE SC CODE OF LAWS PROVIDES that any increase in the fair market value of real property attributable to the periodic countywide reappraisal and equalization program is limited to fifteen percent within a five-year period if no other improvements made or assessable transfers of interest occur. 2009 taxes will be computed on this value.

RICHLAND COUNTY ASSESSOR'S OFFICE

2020 HAMPTON STREET
P.O. BOX 192
COLUMBIA, S.C. 29202

(803) 576-2640
(803) 748-4999 TDD

THIS IS NOT A TAX BILL

NOTICE OF CLASSIFICATION, APPRAISAL & ASSESSMENT OF REAL ESTATE - 2009

CLASSIFICATION	CLASS	MARKET VALUE	X	RATIO	ASSESSMENT
* OWNER OCCUPIED RESIDENTIAL		109400	X	04	4380
* OTHER PROPERTY					
* MARKET VALUE - AGRICULTURAL					
USE VALUE - AGRICULTURAL					
TOTAL ASSESSMENT					4380

TAX YEAR

TAX MAP NUMBER

R19006-02-18

CAPPED VALUE

97635

THE TOTAL MARKET

VALUE ESTIMATE *
IS 109400

*** TAXABLE VALUE**

97600

PROPERTY LOCATION - SUBDIVISION - LEGAL DESCRIPTION
500 ANTIOCH PL / MILL CREEK ESTATES
LOT 20 BLK C /
44.67X161.74X21.6X165.65X89.7 / R0259 0831

REASON FOR CHANGE: COUNTYWIDE REAPPRAISAL
*** 2009 TAXES BASED ON TAXABLE VALUE ***

OWNER AS OF 12/31/2008:

GARNER DANNY
300 ANTIOCH PLACE
COLUMBIA SC 29209

KEY: 00721525 NBHD: 092.04

IF YOU DISAGREE WITH THE APPRAISAL AND ASSESSMENT, YOU MUST FILE WRITTEN OBJECTION
WITH THE ASSESSOR WITHIN 90 DAYS OR BEFORE 06/12/2009

TAX DIST	DATE OF NOTICE
1LR	03/13/2009

B6B (Official Form 6B) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on hand Wild card exemption - unused homestead	J	\$45.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		All South Federal Credit Union Checking Account #: 3957 Wild card exemption - unused homestead	J	\$307.87
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Household Goods (see attached)	J	\$1,367.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	\$600.00
7. Furs and jewelry.		Watches (2) - \$150 Wedding band - \$50 Gold chain - \$100 Wedding band - \$50	H W	\$300.00 \$50.00
8. Firearms and sports, photographic, and other hobby equipment.		Glock 440 Wild card exemption - unused homestead	H	\$250.00

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Aflac Life Insurance Term Value: \$150,000	H	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Thrift Savings Plan Retirement Balance as of 12/31/2009: \$20,518.81	H	\$20,518.81
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		2010 Taxes Wild car exemption - unused homestead 2009 Taxes Federal: \$2,972 State: \$1,006 Received and spent prior to filing	J J	Unknown \$0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Mercedes Benz E320 VIN:WDBJF65J01B230035 Mileage: 101,000 KBB: \$8,935 Under lien to Citi Financial. Wild card exemption - Husband's unused homestead	J	\$8,935.00
		1998 Jaguar XJ8 VIN: SAJHX124XWC837979 Mileage: 98,000 KBB: \$5,925 Under lien to AllSouth Federal Credit Union.	H	\$5,925.00
		2002 Mazada B3000 VIN: 4F4YR16U02TM09648 Mileage: 70,000 KBB: \$5185 Free and clear of liens. Wife's motor vehicle exemption	J	\$5,185.00
		1997 Mercedes Benz C280 VIN: WDBHA28E1VA503144 Mileage: 137,500 KBB: \$3245 Free and clear of liens. Car is not running as transmission is out. Debtor's opinion: \$2500	J	\$2,500.00

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Wild card exemption - Wife's unused cash		
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total >				\$45,983.68

4 continuation sheets attached
 (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Document Page 23 of 73
Scanned Document #3

Household Goods

Please list all Household Items on these pages. Note if you have the item and what you think it is worth (ie: what you could get for it at a garage sale). The list goes by room and is intended to be a guide. The furniture listed is NOT exclusive. If you own items that are not listed, please put them under other. If the space provided is not sufficient, please attach additional sheets.

Living Room

Couch ~~75.00~~ 75.00
 Loveseat _____
 Side Tables 75.00
 Coffee Table 70.00
 Chairs 20.00
 Lamps 0
 Mirrors 0
 TVs 0
 DVD/VCR 0
 Stereo 0
 Computers 0
 Other 0

Dining Room

Table ~~50.00~~ 50.00
 Chairs _____
 China Hutch 0
 Sideboard 0
 Lamps 0
 Mirrors 0
 Other 0

Bedroom 1

Bed Frame (size) 200.00 Queen ~~250.00~~
 Springs & Mattress (size) Queen
 Night Stands _____
 Dressers 100.00
 Chest of Drawers _____
 Mirrors 0
 Lamps 0
 TVs 50.00
 DVD/VCR 0
 Stereo 0
 Computers 0
 Other 0

Bedroom 2

Bed Frame (size) Full 75.00
 Springs & Mattress (size) _____
 Night Stands 0
 Dressers 100.00
 Chest of Drawers _____
 Mirrors 0
 Lamps _____
 TVs 60.00
 DVD/VCR _____
 Stereo 0
 Computers 0
 Other 0

Bedroom 3

Bed Frame (size) Twin 7.00
 Springs & Mattress (size) 100.00
 Night Stands 0
 Dressers 0
 Chest of Drawers 0
 Mirrors 0
 Lamps 0
 TVs 0
 DVD/VCR 0
 Stereo _____
 Computers 10.00
 Other 0

Rec Room(s)

Tables 0
 Chairs 0
 Mirrors 0
 Lamps 0
 TVs 0
 DVD/VCR 0
 Stereo 0
 Computers 0
 Other 0

Den/Family Room

Tables 20.00
 Chairs 20.00
 Mirrors 0
 Lamps 0
 TVs 15.00
 DVD/VCR 0
 Stereo 0
 Computers 0
 Other _____

Kitchen

Refrigerator 100.00
 Stove 100.00
 Microwave 35.00
 Freezer _____
 Small Appliances _____
 Lawnmower 15.00
 Grill 15.00
 Patio Furniture _____
 Washer 25.00
 Dryer 20.00

\$1367.00

2001 Mercedes-Benz E-Class - Private Party Pricing Report - Kelley... http://www.kbb.com/used-cars/mercedes_benz/e_class/2001/private...



Send to Printer

advertisement



2001 Mercedes-Benz E-Class E320 Sedan 4D

advertisement

BLUE BOOK® PRIVATE PARTY VALUE



Condition	Value
Excellent	\$9,585
✓ Good (Selected)	\$8,935
Fair	\$7,835

Vehicle Highlights

Mileage: 101,000
Engine: V6, 3.2 Liter
Transmission: Automatic
Drivetrain: RWD

Selected Equipment

Standard

Traction Control	Telescoping Wheel	ABS (4-Wheel)
Slip Control	Cruise Control	Leather
Air Conditioning	AM/FM Stereo	Dual Power Seats
Power Steering	Cassette	Moon Roof
Power Windows	Dual Air Bags	Alloy Wheels
Power Door Locks	Side Air Bags	

Optional

CD (Multi Disc)

Blue Book Private Party Value

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.

Vehicle Condition Ratings

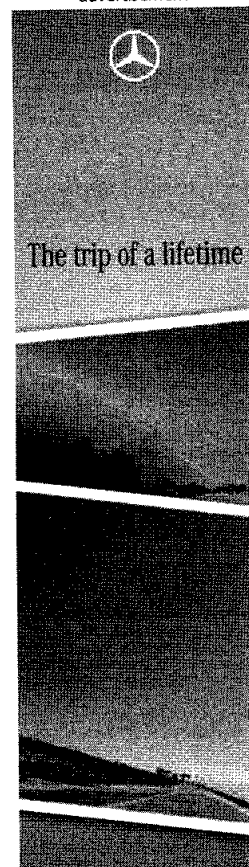
Excellent



\$9,585

- Looks new, is in excellent mechanical condition and needs no reconditioning.

advertisement



1998 Jaguar XJ Series - Private Party Pricing Report - Kelley Blue Book <http://www.kbb.com/used-cars/jaguar/xj-series/1998/private-party-v...>



Send to Printer

advertisement

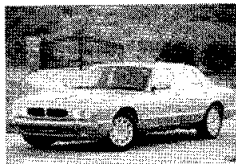
SAVE BIG on CARCHEX Extended Vehicle Protection

GET FREE CARCHEX QUOTES NOW

"I only trust CARCHEX for my vehicle protection. You should too."

1998 Jaguar XJ Series XJ8 Sedan 4D

BLUE BOOK® PRIVATE PARTY VALUE



Condition	Value
Excellent	\$6,375
✓ Good (Selected)	\$5,925
Fair	\$5,125

Vehicle Highlights

Mileage: 98,000
Engine: V8, 4.0 Liter
Transmission: Automatic
Drivetrain: RWD

Selected Equipment

Standard

Air Conditioning	Cruise Control	Leather
Power Steering	AM/FM Stereo	Dual Power Seats
Power Windows	Cassette	Sun Roof (Sliding)
Power Door Locks	Dual Air Bags	Alloy Wheels
Telescoping Wheel	ABS (4-Wheel)	

Blue Book Private Party Value

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.

Vehicle Condition Ratings

Excellent



\$6,375

- Looks new, is in excellent mechanical condition and needs no reconditioning.
- Never had any paint or body work and is free of rust.
- Clean title history and will pass a smog and safety inspection.
- Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.
- Complete and verifiable service records.

advertisement

up2drive

**Apply Today ,
for great rates
on auto loans**

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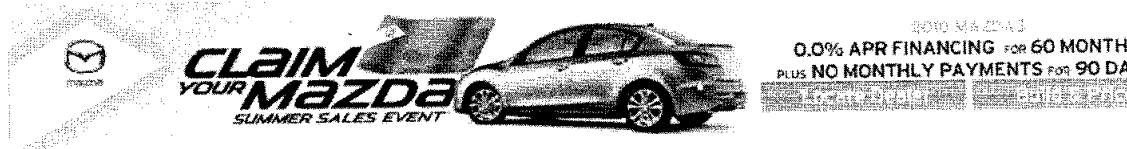
2002 Mazda B-Series Regular Cab - Private Party Pricing Report - Kelley Blue Book

Page 1 of 2



Se

advertisement



2002 Mazda B-Series Regular Cab B3000 Dual Sport Short Bed

BLUE BOOK® PRIVATE PARTY VALUE



Condition	Value
Excellent	\$6,310
Good	\$5,885
✓ Fair (Selected)	\$5,185

advertisement



Vehicle Highlights

Mileage: 70,000
Engine: V6, 3.0 Liter
Transmission: Manual, 5-Spd
Drivetrain: 2WD

Selected Equipment

Standard

Air Conditioning CD (Single Disc) Alloy Wheels
Power Steering Dual Air Bags
AM/FM Stereo Sliding Rear Window

Optional

Power Windows Tilt Wheel Running Boards
Power Door Locks Cruise Control Bed Liner

0.0% APR FINANCING
FOR 60 MONTHS PLUS
NO MONTHLY PAYME
FOR 90 DAYS



MazdaUSA.com



MazdaUSA.com

Blue Book Private Party Value

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation

Close Window

2002 Mazda B-Series Regular Cab - Private Party Pricing Report - Kelley Blue Book

Page 2 of 2

purposes.

Vehicle Condition Ratings

Excellent

\$6,310

- Looks new, is in excellent mechanical condition and needs no reconditioning.
- Never had any paint or body work and is free of rust.
- Clean title history and will pass a smog and safety inspection.
- Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.
- Complete and verifiable service records.

Less than 5% of all used vehicles fall into this category.

Good

\$5,885

- Free of any major defects.
- Clean title history, the paints, body, and interior have only minor (if any) blemishes, and there are no major mechanical problems.
- Little or no rust on this vehicle.
- Tires match and have substantial tread wear left.
- A "good" vehicle will need some reconditioning to be sold at retail.

Most consumer owned vehicles fall into this category.

✓ Fair (Selected)

\$5,185

- Some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition.
- Clean title history, the paint, body and/or interior need work performed by a professional.
- Tires may need to be replaced.
- There may be some repairable rust damage.

Poor

N/A

- Severe mechanical and/or cosmetic defects and is in poor running condition.
- May have problems that cannot be readily fixed such as a damaged frame or a rusted-through body.
- Branded title (salvage, flood, etc.) or unsubstantiated mileage.

Kelley Blue Book does not attempt to report a value on a "poor" vehicle because the value of these vehicles varies greatly. A vehicle in poor condition may require an independent appraisal to determine its value.

* South Carolina 08/05/2010

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1997 Mercedes-Benz C-Class - Private Party Pricing Report - Kelley Blue Book

Page 1 of 2



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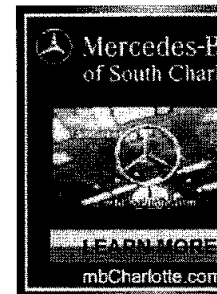
1997 Mercedes-Benz C-Class C280 Sedan 4D

BLUE BOOK® PRIVATE PARTY VALUE



Condition	Value
Excellent	\$4,345
Good	\$3,945
✓ Fair (Selected)	\$3,245

advertisement



advertisement

Close Window

Vehicle Highlights

Mileage: 137,500
Engine: 6-Cyl, 2.8 Liter
Transmission: Automatic
Drivetrain: RWD

Selected Equipment

Standard

Air Conditioning	Cruise Control	ABS (4-Wheel)
Power Steering	AM/FM Stereo	Dual Power Seats
Power Windows	Bose Premium Sound	Moon Roof
Power Door Locks	Dual Air Bags	

Optional

CD (Single Disc)	Leather
------------------	---------

Blue Book Private Party Value

Kelley Blue Book Private Party Value is the amount a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than any remaining factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation.

1997 Mercedes-Benz C-Class - Private Party Pricing Report - Kelley Blue Book

Page 2 of 2

purposes.

Vehicle Condition Ratings

Excellent

\$4,345

- Looks new, is in excellent mechanical condition and needs no reconditioning.
- Never had any paint or body work and is free of rust.
- Clean title history and will pass a smog and safety inspection.
- Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.
- Complete and verifiable service records.

Less than 5% of all used vehicles fall into this category.

Good

\$3,945

- Free of any major defects.
- Clean title history, the paints, body, and interior have only minor (if any) blemishes, and there are no major mechanical problems.
- Little or no rust on this vehicle.
- Tires match and have substantial tread wear left.
- A "good" vehicle will need some reconditioning to be sold at retail.

Most consumer owned vehicles fall into this category.

✓ Fair (Selected)

\$3,245

- Some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition.
- Clean title history, the paint, body and/or interior need work performed by a professional.
- Tires may need to be replaced.
- There may be some repairable rust damage.

Poor

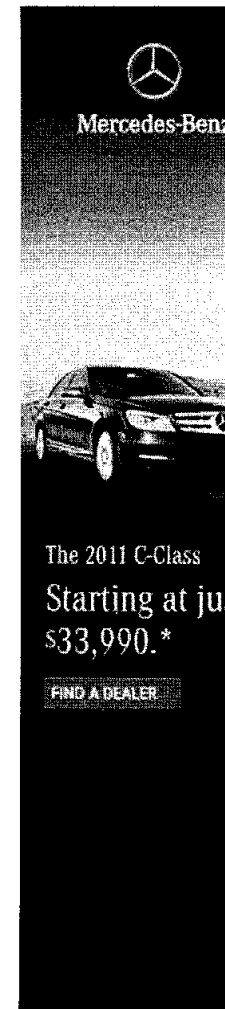
N/A

- Severe mechanical and/or cosmetic defects and is in poor running condition.
- May have problems that cannot be readily fixed such as a damaged frame or a rusted-through body.
- Branded title (salvage, flood, etc.) or unsubstantiated mileage.

Kelley Blue Book does not attempt to report a value on a "poor" vehicle because the value of these vehicles varies greatly. A vehicle in poor condition may require an independent appraisal to determine its value.

* South Carolina 08/05/2010

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B6C (Official Form 6C) (4/10)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$146,450.*

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Debtor's House 500 Antioch Place, Columbia, SC 29209 TMS: R19006-02-18 Tax Assessment: \$107,400 Zillow: \$101,000 Debtor's Opinion: \$130,000 Purchased 9/25/2009 for \$103,785	S.C. Code Ann. § 15-41-30(1): Real or personal property, including a cooperative, used as residence by debtor or a dependent, OR a burial plot (\$50,000 (if multiple owners, exemption cannot exceed \$100,000/no. of owners))	\$30,000.00	\$130,000.00
Cash on hand Wild card exemption - unused homestead	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).	\$45.00	\$45.00
All South Federal Credit Union Checking Account #: 3957 Wild card exemption - unused homestead	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).	\$307.87	\$307.87
Household Goods (see attached)	S.C. Code Ann. § 15-41-30(3): Personal household furnishings & goods, wearing apparel, appliances, books, animals, crops, or musical instruments of debtor or dependent	\$1,367.00	\$1,367.00
* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$31,719.87	\$131,719.87

B6C (Official Form 6C) (4/10) -- Cont.

In re **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Clothing	S.C. Code Ann. § 15-41-30(3): Personal household furnishings & goods, wearing apparel, appliances, books, animals, crops, or musical instruments of debtor or dependent	\$600.00	\$600.00
Watches (2) - \$150 Wedding band - \$50 Gold chain - \$100	S.C. Code Ann. § 15-41-30(4): Personal, family, or household jewelry of debtor or dependent	\$300.00	\$300.00
Wedding band - \$50	S.C. Code Ann. § 15-41-30(4): Personal, family, or household jewelry of debtor or dependent	\$50.00	\$50.00
Glock 440 Wild card exemption - unused homestead	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).	\$250.00	\$250.00
Thrift Savings Plan Retirement Balance as of 12/31/2009: \$20,518.81	S.C. Code Ann. § 15-41-30(14): Debtor's interest in ERISA-qualified pension plan	\$20,518.81	\$20,518.81
2010 Taxes Wild car exemption - unused homestead	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).	\$2,500.00	Unknown
2001 Mercedes Benz E320 VIN:WDBJF65J01B230035 Mileage: 101,000 KBB: \$8,935	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused	\$1,978.00	\$8,935.00
		\$57,916.68	\$162,373.68

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 2

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Under lien to Citi Financial. Wild card exemption - Husband's unused homestead	exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).		
1998 Jaguar XJ8 VIN: SAJHX124XWC837979 Mileage: 98,000 KBB: \$5,925 Under lien to AllSouth Federal Credit Union.	S.C. Code Ann. § 15-41-30(2): One motor vehicle	\$4,188.00	\$5,925.00
2002 Mazada B3000 VIN: 4F4YR16U02TM09648 Mileage: 70,000 KBB: \$5185 Free and clear of liens. Wife's motor vehicle exemption	S.C. Code Ann. § 15-41-30(2): One motor vehicle	\$5,185.00	\$5,185.00
1997 Mercedes Benz C280 VIN: WDBHA28E1VA503144 Mileage: 137,500 KBB: \$3245 Free and clear of liens. Car is not running as transmission is out. Debtor's opinion: \$2500 Wild card exemption - Wife's unused cash	S.C. Code Ann. § 15-41-30(7): The debtor's aggregate interest in any property, not to exceed five thousand dollars in value of an unused exemption amount to which the debtor is entitled pursuant to subsection (A), items (1) through (6).	\$2,500.00	\$2,500.00
		\$69,789.68	\$175,983.68

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **Danny NMN Garner**
Louise NMN Garner

CASE NO

CHAPTER **13**

TOTALS BY EXEMPTION LAW

Exemption Law	Husband	Wife	Joint	Community	N/A	Exemption Total	Market Value Total
S.C. Code Ann. § 15-41-30(1)	\$0.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$30,000.00	\$130,000.00
S.C. Code Ann. § 15-41-30(14)	\$20,518.81	\$0.00	\$0.00	\$0.00	\$0.00	\$20,518.81	\$20,518.81
S.C. Code Ann. § 15-41-30(2)	\$4,188.00	\$0.00	\$5,185.00	\$0.00	\$0.00	\$9,373.00	\$11,110.00
S.C. Code Ann. § 15-41-30(3)	\$0.00	\$0.00	\$1,967.00	\$0.00	\$0.00	\$1,967.00	\$1,967.00
S.C. Code Ann. § 15-41-30(4)	\$300.00	\$50.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00
S.C. Code Ann. § 15-41-30(7)	\$250.00	\$0.00	\$7,330.87	\$0.00	\$0.00	\$7,580.87	\$12,037.87

B6D (Official Form 6D) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxx8191 Allsouth Federal Cr Un 6923 N Trenholm Rd Columbia, SC 29206	H	DATE INCURRED: 04/2010 NATURE OF LIEN: Automobile COLLATERAL: 1998 Jaguar XJ8 VIN: SAJHX124XWC837979 REMARKS: Debtor will retain and keep current. VALUE: \$5,925.00		\$1,737.00	
ACCT #: xxxxxx4701 Citi Auto 2208 Highway 121 Ste 100 Bedford, TX 76021	H	DATE INCURRED: 03/2007 NATURE OF LIEN: Automobile COLLATERAL: 2001 Mercedes Benz E320 VIN: WDBJF65J01B2 REMARKS: Debtor will retain and keep current. VALUE: \$8,935.00		\$6,957.00	
ACCT #: xxxxx0878 GMAC Attention: Bankruptcy Dept. 1100 Virginia Drive Fort Washington, PA 19034	H	DATE INCURRED: 09/2009 NATURE OF LIEN: First Mortgage COLLATERAL: Debtor's House REMARKS: VALUE: \$130,000.00		\$103,137.00	
Subtotal (Total of this Page) >				\$111,831.00	\$0.00
Total (Use only on last page) >				\$111,831.00	\$0.00

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/10)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Michael J. Cox Atty at Law, LLC 6160 St. Andrews Road, Ste 1 Columbia, SC 29212	J	DATE INCURRED: 07/20/2010 CONSIDERATION: Attorney Fees REMARKS:				\$1,874.00	\$1,874.00	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$1,874.00	\$1,874.00	\$0.00
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$1,874.00		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$1,874.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx4019 Acc Rec Coll 105 Reed Ave Lexington, SC 29072	W	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$282.00
ACCT #: xxxxxxxx4022 Acc Rec Coll 105 Reed Ave Lexington, SC 29072	W	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$181.00
ACCT #: xxxxxxxx7200 Applied Card Bank Attention: General Inquiries PO Box 17125 Wilmington, DE 19850	W	DATE INCURRED: 05/2005 CONSIDERATION: Credit Card REMARKS:				\$1,092.00
ACCT #: xxxxxxxxxxxx9127 Aspire Pob 105555 Atlanta, GA 30348	W	DATE INCURRED: 03/2006 CONSIDERATION: Credit Card REMARKS:				\$916.00
ACCT #: xxxx-xxxx-xxxx-7268 Capital One, N.a. C/O American Infosource PO Box 54529 Oklahoma City, OK 73154	W	DATE INCURRED: 08/2004 CONSIDERATION: Credit Card REMARKS:				\$2,481.00
ACCT #: xxxx-xxxx-xxxx-4731 Capital One, N.a. C/O American Infosource PO Box 54529 Oklahoma City, OK 73154	H	DATE INCURRED: 09/2008 CONSIDERATION: Credit Card REMARKS:				\$2,034.00
Subtotal >						\$6,986.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Capital One, N.a.		Alliance One 4850 Street Road, Ste 300 Feasterville Trevose, PA 19053				Notice Only
ACCT #: xxxxxxxxxxxx9823 Chase- Bp Po Box 15298 Wilmington, DE 19850	J	DATE INCURRED: 09/1996 CONSIDERATION: Credit Card REMARKS:				\$466.00
ACCT #: xxxxxxxxxxxx7116 Credit One Bank Po Box 98875 Las Vegas, NV 89193	H	DATE INCURRED: 04/2006 CONSIDERATION: Credit Card REMARKS:				\$1,662.00
ACCT #: Equifax Information Service Center Attn: Dispute Resolution Department PO Box 105873 Atlanta, GA 30328	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: Experian Information Solutions Attn: Supervisor, Legal Department PO Box 1240 Allen, TX 75013	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxxxxxx1162 GEMB / HH Gregg Attention: Bankruptcy PO Box 103106 Roswell, GA 30076	H	DATE INCURRED: 11/2006 CONSIDERATION: Charge Account REMARKS:				\$1,579.00
Sheet no. <u>1</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$3,707.00
<p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

Document Page 39 of 73

In re **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx1161 Gemb/jcp Attention: Bankruptcy PO Box 103104 Roswell, GA 30076	W	DATE INCURRED: 08/2006 CONSIDERATION: Charge Account REMARKS:				\$1,780.00
ACCT #: xxxxxxxx0308 Gemb/walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076	W	DATE INCURRED: 05/2006 CONSIDERATION: Charge Account REMARKS:				\$2,068.00
ACCT #: xxxx-xxxx-xxxx-2006 HSBC ATTN: BANKRUPTCY PO BOX 5213 Carol Stream, IL 60197	H	DATE INCURRED: 09/2006 CONSIDERATION: Credit Card REMARKS:				\$692.00
ACCT #: xxxxxxxxxxxxxx6949 Hsbc Bank ATTN: BANKRUPTCY PO BOX 5253 Carol Stream, IL 60197	H	DATE INCURRED: 10/2004 CONSIDERATION: Credit Card REMARKS:				\$1,666.00
ACCT #: xxxxxxxxxxxxxx6082 Hsbc Bank ATTN: BANKRUPTCY PO BOX 5253 Carol Stream, IL 60197	W	DATE INCURRED: 09/2004 CONSIDERATION: Credit Card REMARKS:				\$450.00
ACCT #: xxxx-xxxx-xxxx-4987 Hsbc Bank/Sears/KMart ATTN: BANKRUPTCY PO BOX 5213 Carol Stream, IL 60197	W	DATE INCURRED: 07/2008 CONSIDERATION: Credit Card REMARKS:				\$604.00
Sheet no. <u>2</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$7,260.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx4555 Hsbc Best Buy Attn: Bankruptcy PO Box 5263 Carol Stream, IL 60197	W	DATE INCURRED: 05/2006 CONSIDERATION: Charge Account REMARKS:				\$415.00
ACCT #: Internal Revenue Service Centralized Insolvency Unit PO Box 21126 Philadelphia, PA 19114	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxxxxxxxxxx1620 Macys/fdsb Macy's Bankruptcy PO Box 8053 Mason, OH 45040	H	DATE INCURRED: 09/2009 CONSIDERATION: Charge Account REMARKS:				\$400.00
ACCT #: xxxxxxxxxxxx4020 Macys/fdsb Macy's Bankruptcy PO Box 8053 Mason, OH 45040	W	DATE INCURRED: 07/2008 CONSIDERATION: Charge Account REMARKS:				\$340.00
ACCT #: xxxxxxxxxxxx7548 Mil Star Attention: Bankruptcy PO Box 6250 Madison, WI 53716	W	DATE INCURRED: 03/1993 CONSIDERATION: Charge Account REMARKS:				\$4,763.00
ACCT #: SC Dept. of Revenue PO Box 12265 Columbia, SC 29211	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
Sheet no. <u>3</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$5,918.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCT #: xxxxxx9227	J	DATE INCURRED: 09/2000 CONSIDERATION: Credit Card REMARKS:				\$477.00	
Texaco / Citibank/Shell Attn.: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195							
ACCT #: xxxxxx4476	H	DATE INCURRED: CONSIDERATION: Cable Services REMARKS:				\$63.10	
Time Warner Cable Inc. (COLA) 3347 Platt Springs Road West Columbia, SC 29170							
Representing: Time Warner Cable Inc. (COLA)		Credit Protection Association, LP 13355 Noel Road Dallas, TX 75240				Notice Only	
ACCT #:	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only	
Transunion Attn: Dispute Resolution Department PO Box 2000 Chester, PA 19022							
ACCT #: xxxxxxxxxxx0001	H	DATE INCURRED: 12/2008 CONSIDERATION: Unknown Loan Type REMARKS:				\$314.00	
Verizon Wireless PO Box 3397 Bloomington, IL 61702							
ACCT #:		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:					
Internal Revenue Service Centralized Insolvency Unit PO Box 21126 Philadelphia, PA 19114							
Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >	\$854.10
						Total >	

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the
 Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

Document Page 42 of 73

In re **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: SC Dept. of Revenue PO Box 12265 Columbia, SC 29211		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
Sheet no. <u>5</u> of <u>5</u> continuation sheets attached to						Subtotal > \$0.00
Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Total > \$24,725.10
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6G (Official Form 6G) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Danny NMN Garner**
Louise NMN Garner

Case No. _____
 (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	Dependents of Debtor and Spouse	
Married	Relationship(s): Son Age(s): 12	Relationship(s): Age(s):
Employment:	Debtor	Spouse
Occupation	Administrative Assistant	House Wife
Name of Employer	USA Maps	
How Long Employed	13 years	
Address of Employer	2435 Marion Ave. Fort Jackson, SC 29207	

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$3,040.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$3,040.00	\$0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$370.16	\$0.00
b. Social Security Tax	\$188.48	\$0.00
c. Medicare	\$44.08	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$24.32	\$0.00
g. Other (Specify) <u>Mandatory</u>	\$234.66	\$0.00
h. Other (Specify) <u>TSP Loan</u>	\$152.00	\$0.00
i. Other (Specify) <u>TSP Savings</u>	\$12.60	\$0.00
j. Other (Specify) <u>FEGLI</u>	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$1,026.30	\$0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$2,013.70	\$0.00
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify):	\$0.00	\$0.00
12. Pension or retirement income	\$765.26	\$0.00
13. Other monthly income (Specify):		
a. _____	\$0.00	\$0.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$765.26	\$0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$2,778.96	\$0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$2,778.96	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

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DEPARTMENT OF DEFENSE									
CIVILIAN LEAVE A DEAR I GS STATEMENT									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL									
1. Name GARNER DANNY		4. Pay Plan/Grade/Step GS GS 09		5. Hourly/Daily Rate 19.00		6. Basic GT Rate 28.50		7. Basic Pay + Locality Adj + Adjusted Basic Pay 34763.00 4902.00 39665.00	
8. Soc Sec # ***-**-7601		9. Locality % 14.16		10. FLSA Category N		11. SCD Leave 07/12/95		12. Max Leave Carry Over 240	
13. Leave Year End 01/01/11		14. Financial Institution - at Pay ALLSOUTH FEDERAL CREDIT UN		15. Financial Institution - Allowance #1		16. Financial Institution - Allowance #2		17. Tax FED M 1 0 SC S 0 0	
18. Tax FED M 1 0 SC S 0 0		19. Tax FED M 1 0 SC S 0 0		20. Tax FED M 1 0 SC S 0 0		21. Tax FED M 1 0 SC S 0 0		22. Tax FED M 1 0 SC S 0 0	
23. Current GROSS PAY 1520.00 TAXABLE WAGES 1444.00 TAX DEFERRED WAGES 76.00 DEDUCTIO S 513.15 NET PAY 1006.85		24. Year to Date GROSS PAY 17084.46 TAXABLE WAGES 16049.08 TAX DEFERRED WAGES 834.72 DEDUCTIO S 5965.07 NET PAY 11179.33		25. TSP DATA 5%		26. TSP DATA 5%		27. TSP DATA 5%	
CURRE TEAR I GS									
TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT									
REGULAR PAY 80.00 1520.00									
DEDUCTIO S									
TYPE CODE CURRE T YEAR TO DATE TYPE CODE CURRE T YEAR TO DATE									
FROJ CU 6.50 69.15 MEDICARE K 22.04 256.43									
OASDI 94.24 1096.43 RETIRE FERS 12.16 133.56									
TAX FEDERAL 95.54 1251.62 TAX STATE SC 19.54 222.54									
TSP LOANS 12603G 117.33 1290.63 TSP SAVINGS 76.00 834.72									
LEAVE									
TYPE PRIOR YR ACCRUED PAY PD ACCRUED YTD USED PAY PD USED BALANCE USED TERM DATE									
ANNUAL 204.00 6.00 60.00 12.00 251.00 132.00									
SICK 169.01 4.00 40.00 8.00 24.00 1.00									
COMPENSATORY HOLIDAY 25.00 8.00 24.00 16.00									
BE EFITS PAID BY GOVERN ME T FOR YOU									
TYPE CURRE T YEAR TO DATE TYPE CURRE T YEAR TO DATE									
FROJ 3.15 34.58 MEDICARE 22.04 256.43									
OASDI 94.24 1096.43 RETIRE FERS 12.16 133.56									
TSP BASIC 15.20 166.94 TSP MATCHING 60.80 667.78									
REMARKS									
YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE.									
BUY U.S. SAVINGS BONDS.									
RETROACTIVE PERSONNEL DATA PROCESSED.									

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



* We recommend that you select the Printer Friendly Version of your LES if you desire to print your LES. It requires Adobe Acrobat Reader. Often, Acrobat Reader is already added to web browsers. If you don't have Adobe Reader and applicable security policies allow you to install it, it can be downloaded at <http://www.adobe.com/products/acrobat/readstep2.html>. If you prefer the html version, click the Print button. You may have to make adjustments to your margins in your browser's Page Setup for optimal printing of the html version.

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DEPARTMENT OF DEFENSE										1. Pay Period End 06/05/10	
CIVILIAN LEAVE A DEAR I GS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
A. NAME GARNER, DANNY		4. Pay Plan/Grade/Step GS 05 09		5. Hourly/Daily Rate 19.00		6. Basic DT Rate 26.50		7. Basic Pay + Locality Adj = Adjusted Basic Pay 3470.00 4520.00 3960.00			
8. See Sec. = 55 USC 5501		9. Locality % 14.16		10. FLSA Category N		11. SCD Leave 07/12/05		12. Next Leave Carry Over 240		13. Leave Year End 01/01/11	
14. Financial Institution - d Pay ANTHONY FEDERAL CREDIT UN				15. Financial Institution - Allowment #1				16. Financial Institution - Allowment #2			
17. Tax FED M SC S		Exemptions Add'l 0 0 0		18. Tax Federal Exemptions Add'l 0		Taxing Authority 0		19. Cumulative Retirement FERS: 3414.11		20. Military Deposit	
21. Current GROSS PAY TAXABLE WAGES O TAXABLE WAGES TAX DEFERRED WAGES DEDUCTIBLE ATAC RT PAY		Year to Date 1520.00 1444.00 76.00 513.15 1006.85		Year to Date 1520.00 1520.00 910.72 6478.22 12726.18		22. TSP DATA 5%					
CURRENT YEAR I GS											
TYPE		HOURS/DAYS		AMOUNT TYPE		HOURS/DAYS		AMOUNT TYPE		HOURS/DAYS	
REGULAR PAY		80.00		1520.00							
DEDUCTIONS											
TYPE		CODE		CURRENT YEAR TO DATE		TYPE		CODE		CURRENT YEAR TO DATE	
FEDL		CO		6.30		MEDICARE				22.04	
GASDI				94.24		RETIRE. FERS		K		145.72	
TAX, FEDERAL				99.54		TAX, STATE		SC		19.54	
TSP LOANS		12400SG		117.33		TSP SAVINGS				76.00	
LEAVE											
TYPE		PRIOR YEAR		ACCUMULATED PAY PD		ACCUMULATED YTD		USED PAY PD		USED YTD	
ANNUAL		204.00		6.00		66.00		12.00		258.00	
SICK		869.00		4.00		41.00		24.00		913.00	
COMPENSATORY HOLIDAY								6.00		24.00	
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE		CONTRIBUTOR YEAR TO DATE		TYPE		CURRENT YEAR TO DATE					
FEDL		3.15		MEDICARE		22.84					
GASDI		94.24		RETIRE. FERS		178.24					
TSP BASIC		15.20		TSP MATCHING		60.00					
REMARKS											
YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE BUY US SAVINGS BONDS. WATCH FOR INFO COMING SOON ABOUT THE NEW SAVINGS BOND DEDUCTION - USE TREASURY DIRECT											

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DEPARTMENT OF DEFENSE										1. Pay Period End 06/15/10
CIVILIA LEAVE A DEAR I GS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL										2. Pay Date 07/01/10
A. Name GARNER DANNY		4. Pay Plan/Grade/Step GS 05 05		5. Hourly/Daily Rate 19.00		6. Basic Pay Rate 21.50		7. Basic Pay + Locality Adj - Adjusted Basic Pay 34741.00 4920.00 39661.00		
8. Sec Ser - 0000-0000		9. Locality % 14.16		10. FLSA Category N		11. SCD Leave 07/12/09		12. Max Leave Carry Over 200		13. Leave Year End 01/01/11
14. Financial Institution - at Pay ALLSOUTH FEDERAL CREDIT UN				15. Financial Institution - Allowance #1				16. Financial Institution - Allowance #2		
17. Tax: Marital Exemptions: Add'l FED M 1 0 0 SC S 0 0 0				18. Tax: Marital Exemptions: Add'l Taxing Authority Status				19. Cumulative Retirement FERS: 3416.29		20. Military Deposit
21. Current Year to Date		21. Current Year to Date		22. TSP DATA		22. TSP DATA		22. TSP DATA		
GROSS PAY 2020.00		TAXABLE WAGES 1944.00		TAX DEFERRED WAGES 76.00		DEDUCTIONS 711.40		NET PAY 1308.60		22. TSP DATA 5%
CURRENT YEAR TO DATE										
TYPE	ROLES/DAYS	AMOUNT	TYPE	ROLES/DAYS	AMOUNT	TYPE	ROLES/DAYS	AMOUNT	TYPE	ROLES/DAYS
REGULAR PAY	30.00	1520.00	INCENTIVE AWD		580.00					
DEDUCTIONS										
TYPE	CODE	CURR YR	YEAR TO DATE	TYPE	CODE	CURR YR	YEAR TO DATE	TYPE	CODE	YEAR TO DATE
FEDL	CO	6.30	81.75	MEDICARE	K	20.29	307.75			
DASDI		125.24	1315.91	RETIRE, FERS		12.16	157.96			
TAX, FEDERAL		220.54	1547.70	TAX, STATE	SC	134.54	1286.02			
TSP LOANS	126005G	117.33	1513.25	TSP SAVINGS		76.00	986.72			
LEAVE										
TYPE	PROR	ACCURED	ACCURED	USED	USED	DO ATTN	CURR YR	USE	LOSE	TERM
ANNUAL	204.00	6.00	72.00	2.00	12.00		204.00	132.00		
SICK	856.00	4.00	46.00		2.00		915.00			
COMPENSATORY			25.00		24.00					
HOLIDAY										
BE EFTS PAID BY COVER ME T FOR YOU										
TYPE	CURR YR YEAR TO DATE	TYPE	CURR YR YEAR TO DATE							
FEDL	3.15	MEDICARE	29.29							
DASDI	125.24	RETIRE, FERS	170.24							
TSP BASIC	15.20	TSP MATCHING	60.80							
REMARKS										
YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE NET PAY INCLUDES CURRENT AWARD NET OF \$ 301.75 WATCH FOR INFO COMING SOON ABOUT THE NEW SAVINGS BOND DEDUCTION - USE TREASURY DIRECT										

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



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DEPARTMENT OF DEFENSE										1. Pay Period End 07/03/10
CIVILIAN LEAVE AND EARNINGS STATEMENT										2. Pay Date 07/15/10
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL										
3. Name GARNER DANNY		4. Pay Plan/Grade/Step GS 05 09		5. Hourly/Daily Rate 19.00		6. Basic/OT Rate 28.50		7. Basic Pay + Locality Adj = Adjusted Basic Pay 34,743.00 4,920.00 39,663.00		
8. Sec Sec No ***-**-7491		9. Locality % 14.16		10. FLSA Category N		11. SCD Leave 07/12/95		12. Max Leave Carry Over 240		13. Leave Year End 01/01/11
14. Financial Institution - Net Pay ALLSOUTH FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2		
17. Tax Marital Exemptions Add'l Status FED M 1 0 SC S 0 0			18. Tax Marital Exemptions Add'l Status			19. Cumulative Retirement FERS: 3,438.45			20. Military Deposit	
21. Current Year to Date GROSS PAY 1,520.00 22,744.40 TAXABLE WAGES 1,444.00 21,681.68 NONTAXABLE WAGES 0.00 TAX DEFERRED WAGES 76.00 1,062.72 DEDUCTIONS 513.15 7,702.77 AEC NET PAY 1,006.85 15,041.63					22. TSP DATA 5%					
CURRENT EARNINGS										
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	AMOUNT
REGULAR PAY	80.00	1,520.00								
DEDUCTIONS										
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	YEAR TO DATE
FEDGLI	C0	6.30	88.05	MEDICARE		22.04	329.79			
OASDI		94.24	1,410.15	RETIRE, FERS	K	12.16	170.04			
TAX, FEDERAL		95.54	1,643.24	TAX, STATE	SC	89.54	1,356.16			
TSP LOANS	1260050	117.33	1,642.62	TSP SAVINGS		76.00	1,062.72			
LEAVE										
TYPE	PRIOR YR BALANCE	ACCRUED PAYPD	ACCRUED YTD	USED PAYPD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE		
ANNUAL	204.00	6.00	78.00	8.00	20.00	0.00	262.00	124.00		
SICK	869.00	4.00	52.00	0.00	2.00	0.00	919.00			
COMPENSATORY	0.00	0.00	25.00	0.00	24.00	0.00	1.00			
HOLIDAY	0.00	0.00	0.00	0.00	24.00	0.00	0.00			
BENEFITS PAID BY GOVERNMENT FOR YOU										
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE					
FEDGLI	3.15	44.03	MEDICARE	22.04	329.79					
OASDI	94.24	1,410.15	RETIRE, FERS	170.24	2,380.49					
TSP BASIC	15.20	212.54	TSP MATCHING	60.80	850.18					
REMARKS										
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE.</p> <p>BOND PAYROLL DEDUCTIONS WILL BE STOPPED NLT PAY PERIOD ENDING 09/25/10 PER US TREASURY DIR.</p> <p>ACTIVE. NEW BOND DEDUCTIONS MAY BE ESTABLISHED AS AN ALLOTMENT AFTER CREATING AN ACCOUNT V.</p> <p>IA WWW.TREASURYDIRECT.GOV.</p>										

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



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 - The "View More" option will allow you to view and/or print your Leave and Earnings information for the current and 11 previous months, if available. Click on the down arrow; click on an LES pay period ending date, then click on Go.
 - You can save your LES as an HTML file on a disk or your hard drive.
 - Your LESs will remain available for a limited time after your Separation.
- Civilian - Your last 28 LESs will remain available until they have cycled off through normal pay period updates.

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7/11/2010

RAS

RETIREE ACCOUNT STATEMENT					
STATEMENT EFFECTIVE DATE DEC 02, 2009		NEW PAY DUE AS OF JAN 04, 2010		SSN *****7491	
PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES SGT DANNY GARNER USA RET 500 ANTIOCH PLACE COLUMBIA SC 29209-2005				DFAS-CL POINTS OF CONTACT DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130 COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559 myPay https://myPay.dfas.mil 1-877-363-3677	
PAY ITEM DESCRIPTION					
ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	1,196.00	1,196.00	FITW	30.62	39.92
TAXABLE INCOME	849.39	852.18	SITW	10.00	10.00
			ALLOTMENTS/BONDS	37.00	37.00
			FORMER SPOUSE DED	346.61	343.82
			NET PAY	771.77	765.26
PAYMENT ADDRESS			YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)		
DIRECT DEPOSIT			TAXABLE INCOME: 10,237.92 FEDERAL INCOME TAX WITHHELD: 518.24 STATE TAX WITHHELD FOR SOUTH CAROLINA 120.00		
TAXES					
FEDERAL WITHHOLDING STATUS:		SINGLE	STATE CODE:		SC
TOTAL EXEMPTIONS:		01	STATE INCOME TAX WITHHELD:		10.00
FEDERAL INCOME TAX WITHHELD:		39.92			
SURVIVOR BENEFIT PLAN (SBP) COVERAGE					
NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.					

DFAS-CL 7220/148 (Rev 03-01)

MICHAEL J. COX
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6160 St. Andrews Road, Suite 1
Columbia, South Carolina 29212
Telephone (803) 254-6041 Fax (803) 256-8121
Outside Columbia (800) 888-8666
www.mcoxlaw.com

Michael J. Cox
Certified Specialist in Bankruptcy Law
Member of the South Carolina and Florida Bars

Debra Galloway
Attorney at Law
Member of the South Carolina Bar

Compassionate.....Experienced.....Professional

August 12, 2010

Ms. Tammi Hellwig
Clerk of Court
United States Bankruptcy Court
1100 Laurel Street
Columbia, SC 29202

Re: Payment Advices for Joint Debtor
Mr. Danny NMN Garner and Ms. Louise NMN Garner

Dear Ms. Hellwig:

The Joint Debtor in this case has not been employed for the past 6 months and has no payment advices to file in this case.

Sincerely

/s/ Michael J. Cox

Michael J. Cox

B6J (Official Form 6J) (12/07)

IN RE: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$720.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: Phone/Internet	\$200.00 \$85.00 \$75.00
3. Home maintenance (repairs and upkeep)	\$50.00
4. Food	\$450.00
5. Clothing	\$50.00
6. Laundry and dry cleaning	\$30.00
7. Medical and dental expenses	\$60.00
8. Transportation (not including car payments)	\$225.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$25.00
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$200.00 \$125.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: d. Other:	
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: See attached personal expenses 17.b. Other:	\$205.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$2,500.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: Budget is tight in order to make plan feasible.	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	
	\$2,778.96 \$2,500.00 \$278.96

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **Danny NMN Garner**
Louise NMN Garner

CASE NO

CHAPTER **13**

EXHIBIT TO SCHEDULE J

Itemized Personal Expenses

Expense	Amount
Personal Hygeine	\$30.00
Cell Phone	\$100.00
Satellite	\$75.00
Total >	\$205.00

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

None

☐

1. **Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$22,744.40	2010 YTD; Defense Finance & Actg Serv; US Army
\$37,863.04	2009; Debtor; Defense Finance & Actg Serv; US Army
\$37,605.16	2008; Debtor; Defense Finance & Actg Serv; US Army

None

☐

2. **Income other than from employment or operation of business**

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$8,372.00	2010 YTD; Debtor; US Military Retirement Plan
\$10,237.92	2009; Debtor; US Military Retirement Pay
\$9,759.00	2008; Debtor; US Military Retirement Pay

3. **Payments to creditors**

Complete a. or b., as appropriate, and c.

None

☐

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
GMAC Attention: Bankruptcy Dept. 1100 Virginia Drive Fort Washington, PA 19034	Monthly	\$720.00	\$103,137.00
Citi Auto 2208 Highway 121 Ste 100 Bedford, TX 76021	Monthly	\$339.00	\$6,957.00

Document Page 56 of 73
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 1*

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISIONIn re: **Danny NMN Garner**
Louise NMN GarnerCase No. _____
(if known)**STATEMENT OF FINANCIAL AFFAIRS**

Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Cricket Debt Counseling www.cricketdebt.com	July 16, 2010	\$36.00; credit counseling
Micheal J. Cox, Attorney at Law, LLC 6160 St. Andrews Rd., Suite 1 Columbia, SC 29212	7-20-10 8-12-10	\$440 \$1000 (includes filing fee and credit report)

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

15. Prior address of debtor

None ☒ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

Document Page 59 of 73
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 4*

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

Document Page 60 of 73
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

In re: **Danny NMN Garner**
Louise NMN Garner

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 5*

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 08/12/2010

Signature /s/ Danny NMN Garner
of Debtor Danny NMN Garner

Date 08/12/2010

Signature /s/ Louise NMN Garner
of Joint Debtor Louise NMN Garner
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

IN RE: **Danny NMN Garner**
Louise NMN Garner

CASE NO

CHAPTER 13

Verification of Mailing Matrix

The above named debtor(s), or attorney for the debtor(s) if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, typed hard copy in a scannable format or by ECF Text File Upload has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

(a) ___ Computer Diskette

☐ ☐

(b) ___ Scannable Hard Copy

☐ ☐

(c) X ECF Text File Upload

Date 08/12/2010

Signature /s/ Danny NMN Garner
Danny NMN Garner

Date 08/12/2010

Signature /s/ Louise NMN Garner
Louise NMN Garner

/s/ Michael J. Cox
Michael J. Cox
0339
Michael J. Cox Atty at Law, LLC
6160 St. Andrews Road
Suite 1
Columbia, SC 29212
(803) 254-6041

Acc Rec Coll
105 Reed Ave
Lexington, SC 29072

Alliance One
4850 Street Road, Ste 300
Feasterville Trevose, PA 19053

Allsouth Federal Cr Un
6923 N Trenholm Rd
Columbia, SC 29206

Applied Card Bank
Attention: General Inquiries
PO Box 17125
Wilmington, DE 19850

Aspire
Pob 105555
Atlanta, GA 30348

Capital One, N.a.
C/O American Infosource
PO Box 54529
Oklahoma City, OK 73154

Chase- Bp
Po Box 15298
Wilmington, DE 19850

Citi Auto
2208 Highway 121 Ste 100
Bedford, TX 76021

Credit One Bank
Po Box 98875
Las Vegas, NV 89193

Credit Protection Association, LP
13355 Noel Road
Dallas, TX 75240

Equifax Information Service Center
Attn: Dispute Resolution Department
PO Box 105873
Atlanta, GA 30328

Experian Information Solutions
Attn: Supervisor, Legal Department
PO Box 1240
Allen, TX 75013

GEMB / HH Gregg
Attention: Bankruptcy
PO Box 103106
Roswell, GA 30076

Gemb/jcp
Attention: Bankruptcy
PO Box 103104
Roswell, GA 30076

Gemb/walmart
Attn: Bankruptcy
PO Box 103104
Roswell, GA 30076

GMAC
Attention: Bankruptcy Dept.
1100 Virginia Drive
Fort Washington, PA 19034

HSBC
ATTN: BANKRUPTCY
PO BOX 5213
Carol Stream, IL 60197

Hsbc Bank
ATTN: BANKRUPTCY
PO BOX 5253
Carol Stream, IL 60197

Hsbc Bank/Sears/KMart
ATTN: BANKRUPTCY
PO BOX 5213
Carol Stream, IL 60197

Hsbc Best Buy
Attn: Bankruptcy
PO Box 5263
Carol Stream, IL 60197

Internal Revenue Service
Centralized Insolvency Unit
PO Box 21126
Philadelphia, PA 19114

Macys/fdsb
Macy's Bankruptcy
PO Box 8053
Mason, OH 45040

Michael J. Cox Atty at Law, LLC
6160 St. Andrews Road, Ste 1
Columbia, SC 29212

Mil Star
Attention: Bankruptcy
PO Box 6250
Madison, WI 53716

SC Dept. of Revenue
PO Box 12265
Columbia, SC 29211

Texaco / Citibank/Shell
Attn.: Centralized Bankruptcy
PO Box 20507
Kansas City, MO 64195

Time Warner Cable Inc. (COLA)
3347 Platt Springs Road
West Columbia, SC 29170

Transunion
Attn: Dispute Resolution Department
PO Box 2000
Chester, PA 19022

Verizon Wireless
PO Box 3397
Bloomington, IL 61702

B 22C (Official Form 22C) (Chapter 13) (04/10)

In re: **Danny NMN Garner**
Louise NMN Garner

Case Number:

According to the calculations required by this statement:

- ☒ **The applicable commitment period is 3 years.**
☐ **The applicable commitment period is 5 years.**
☐ **Disposable income is determined under § 1325(b)(3).**
☒ **Disposable income is not determined under § 1325(b)(3).**
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
 AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME																	
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.																	
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income												
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$3,376.67	\$0.00												
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td align="right">\$0.00</td> <td align="right">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td align="right">\$0.00</td> <td align="right">\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td align="center" colspan="2">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$0.00	\$0.00	b.	Ordinary and necessary business expenses	\$0.00	\$0.00	c.	Business income	Subtract Line b from Line a		\$0.00	\$0.00
a.	Gross receipts	\$0.00	\$0.00														
b.	Ordinary and necessary business expenses	\$0.00	\$0.00														
c.	Business income	Subtract Line b from Line a															
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td align="right">\$0.00</td> <td align="right">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td align="right">\$0.00</td> <td align="right">\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td align="center" colspan="2">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$0.00	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a		\$0.00	\$0.00
a.	Gross receipts	\$0.00	\$0.00														
b.	Ordinary and necessary operating expenses	\$0.00	\$0.00														
c.	Rent and other real property income	Subtract Line b from Line a															
5	Interest, dividends, and royalties.			\$0.00	\$0.00												
6	Pension and retirement income.			\$852.18	\$0.00												
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.			\$0.00	\$0.00												
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:																
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$0.00	\$0.00	\$0.00												
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.																
	a.																
	b.																
				\$0.00	\$0.00												

B 22C (Official Form 22C) (Chapter 13) (04/10)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$4,228.85	\$0.00									
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$4,228.85										
Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD												
12	Enter the amount from Line 11.	\$4,228.85										
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00	
a.												
b.												
c.												
14	Subtract Line 13 from Line 12 and enter the result.	\$4,228.85										
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$50,746.20										
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>South Carolina</u> b. Enter debtor's household size: <u>3</u></p>	\$55,099.00										
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>											
Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME												
18	Enter the amount from Line 11.	\$4,228.85										
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			\$0.00	
a.												
b.												
c.												

B 22C (Official Form 22C) (Chapter 13) (04/10)

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$4,228.85
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$50,746.20
22	Applicable median family income. Enter the amount from Line 16.	\$55,099.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)																											
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																											
	<table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			a1.	Allowance per member		b1.	Number of members		c1.	Subtotal		<table border="1"> <thead> <tr> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members 65 years of age or older			a2.	Allowance per member		b2.	Number of members		c2.	Subtotal	
Household members under 65 years of age																												
a1.	Allowance per member																											
b1.	Number of members																											
c1.	Subtotal																											
Household members 65 years of age or older																												
a2.	Allowance per member																											
b2.	Number of members																											
c2.	Subtotal																											
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)																											
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.																											
	<table border="1"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>		a.	IRS Housing and Utilities Standards; mortgage/rent expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47		c.	Net mortgage/rental expense	Subtract Line b from Line a.																	
a.	IRS Housing and Utilities Standards; mortgage/rent expense																											
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47																											
c.	Net mortgage/rental expense	Subtract Line b from Line a.																										
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:																											

B 22C (Official Form 22C) (Chapter 13) (04/10)

27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.</p>										
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.</p>										
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.</p>										
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.</p>										

B 22C (Official Form 22C) (Chapter 13) (04/10)

34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.	
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.	
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.	
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

39	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 39</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.										
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.										
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										

B 22C (Official Form 22C) (Chapter 13) (04/10)

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.																										
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.																										
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.																										
Subpart C: Deductions for Debt Payment																											
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.				<input type="checkbox"/> yes <input type="checkbox"/> no	b.				<input type="checkbox"/> yes <input type="checkbox"/> no	c.				<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c	
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c.				<input type="checkbox"/> yes <input type="checkbox"/> no																							
			Total: Add Lines a, b and c																								
48	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.				b.				c.							Total: Add Lines a, b and c					
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c.																											
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49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.																										
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.		b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	%	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																
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c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																									
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.																										
Subpart D: Total Deductions from Income																											
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.																										

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.																
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.																
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).																
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.																
57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.</p> <table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	
	Nature of special circumstances	Amount of expense															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.																
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.																

Part VI: ADDITIONAL EXPENSE CLAIMS

60	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total: Add Lines a, b, and c</td> <td></td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.			b.			c.				Total: Add Lines a, b, and c	
	Expense Description	Monthly Amount														
a.																
b.																
c.																
	Total: Add Lines a, b, and c															

Part VII: VERIFICATION

61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)</p> <p>Date: <u>08/12/2010</u> Signature: <u>/s/ Danny NMN Garner</u> Danny NMN Garner</p> <p>Date: <u>08/12/2010</u> Signature: <u>/s/ Louise NMN Garner</u> Louise NMN Garner</p>
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Current Monthly Income Calculation Details

In re: **Danny NMN Garner**
Louise NMN Garner

Case Number:
Chapter: **13**

2. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	Department of Defense-US Military						
	\$3,040.00	\$3,040.00	\$3,040.00	\$3,040.00	\$3,040.00	\$5,060.00	\$3,376.67

6. Pension and retirement income.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	US Military Retirement Pay						
	\$852.18	\$852.18	\$852.18	\$852.18	\$852.18	\$852.18	\$852.18